

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | TH | 62814 | 8/17/00 |
| O.I.P.E. CLASSIFIER | | 10 | 8-22-00 |
| FORMALITY REVIEW | W.M | 869 | 09-27-00 |
| RESPONSE FORMALITY REVIEW | A | 676 | 09/01/01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------|--------|
| Final | |
| Original | |
| 1 | 9/1/00 |
| 2 | ✓ |
| 3 | ✓ |
| 4 | ✓ |
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| Claim | Date |
|----------|--------|
| Final | |
| Original | |
| 51 | 9/1/00 |
| 52 | ✓ |
| 53 | ✓ |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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